

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030506

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8133

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 15 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Los Angeles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS <u>Los Angeles, Calif.</u> <u>3522 W. 48th St.</u>	
3. NAME OF DECEASED (Type or print) <u>JANE ELLA SHELTON</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>N</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Richard Num</u>		11b. MOTHER'S MAIDEN NAME <u>Ida B. ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Willie Shelton</u>		18. NAME OF HUSBAND OR WIFE <u>Willie Shelton</u>	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL EDEMA.</u> DUE TO (b) <u>MENINGIOMA, FIBROUS, LEFT SPHENOID RIDGE</u> DUE TO (c) <u>223X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Los Angeles</u> STATE <u>California</u>	
21. I attended the deceased from <u>July 31 '63</u> to <u>Aug 7, 1963</u> and last saw her alive on <u>Aug 7, 1963</u> Death occurred at <u>9:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thomas G. Hawkins, Jr. M.D.</u>		22b. ADDRESS <u>3720 Washington</u>	
22c. DATE SIGNED <u>Aug 9, 1963</u>		23. LOCATION (City, town, or county) (State) <u>Los Angeles, California</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>TWA Flight</u>	23b. DATE <u>8-12-63</u>	23c. NAME OF CEMETERY OR CREMATORY	
24. FUNERAL DIRECTOR <u>A. L. Beal Und. Co.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 9 1963</u>	
ADDRESS <u>4303 Delmar</u>		26. REGISTRAR'S SIGNATURE <u>Lois Smith, M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Varak Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 4303 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.